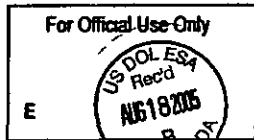


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9493	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name william f holmes P O Box, Bldg Room No if any Street 77 pearl avenue City warwick State Rhode Island ZIP Code + 4 02889	4 Name file number and address of labor organization Name new england regional council of carpenters Labor Organization File Number 540-823 P O Box Building and Room Number if any Street 803 summer street City south boston State Massachusetts ZIP Code + 4 02127-1616
5 Position in labor organization business agent and trustee	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income not applicable 7 b Amount. \$0

Signature

15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions.)		
Signed <u>William F Holmes</u>	On <u>8/8/2005</u> Date	<u>401-738-8626</u> Telephone Number

Name of Person Filing william holmes	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name rhode island health pension & annuity funds Trade Name if any P O Box, Bldg Room No if any Street 14 jefferson park road City warwick State Rhode Island ZIP Code + 4 02888	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c. Employer				
10 If 9 b or 9 c. is checked give trust or employer's name Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	11 a Nature of such dealing i am a trustee on these funds the union negotiates a collective bargaining agreement that requires contributions to the funds <table style="width: 100%; border: none;"> <tr> <td style="border: none;">11 b Approxmate dollar value of such dealing</td> <td style="border: none; text-align: right;">\$0</td> </tr> </table> 12 a Nature of interest held or income received registration travel lodging and meals at an investment seminar on behalf of the funds held in puerto rico on 4/24 - 30/2004 <table style="width: 100%; border: none;"> <tr> <td style="border: none;">12 b Amount.</td> <td style="border: none; text-align: right;">\$3 010</td> </tr> </table>	11 b Approxmate dollar value of such dealing	\$0	12 b Amount.	\$3 010
11 b Approxmate dollar value of such dealing	\$0				
12 b Amount.	\$3 010				

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any). Name Trade Name if any P O Box, Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment. not applicable
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment. <div style="text-align: right;">\$0</div>

Name of Person Filing william holmes	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name new england carpenters training center</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 13 holman road</p> <p>City millbury</p> <p>State Massachusetts ZIP Code + 4 01527</p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10 If 9 b or 9 c. is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>i am a trustee at the center the union negotiates a collective bargaining agreement that requires contributions to the funds</p> <hr/> <p>11 b Approximate dollar value of such dealing \$40 721</p> <hr/> <p>12 a Nature of interest held or income received</p> <p>1 travel lodging and meals at leadership conference in Palm Springs CA on 2/14-20/2004</p> <p>2 meal at meeting on 12/1/04</p> <p>3 lodging at apprentice contest on 5/6-8/2004</p> <hr/> <p>12 b Amount. \$2 884</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a. Name and address of Employer or Labor Relations Consultant (including trade name if any).</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box, Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment.</p> <p>not applicable</p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment. \$0</p>

DISCLAIMER

The transactions and income received as detailed in Section 12 of the attached Form LM-30 represent my good faith effort to reconstruct reportable occurrences from January 1, 2004 to December 31, 2004. I did not maintain records of reportable occurrences during 2004 and it is possible that some reportable items may have been unintentionally omitted. If I subsequently learn of a transaction or interest that should have been reported for that time period, I will file an amended form LM-30.

William F. Holmes

Date

8/8/05